

Pleomorphic Adenoma of the Upper Lip about a Case

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Case Report

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Abstract: The pleomorphic adenoma is a benign tumor of the salivary glands. It accounts for 45 to 65% of benign salivary gland tumors. It develops most often in the main salivary glands, especially the parotid, but it can also reach the accessory salivary glands, such as those of the palate or rarely the upper lip. We report a case of pleomorphic adenoma of the upper lip. Patient of 32 years, admitted in our formation for a painless tumefaction of the upper lip, evolving since 6 months. The clinical examination showed a subcutaneous nodule of the superior white lip, of firm consistency, mobile relative to the underlying planes, about 1 cm in diameter. Surgical excision was performed under local anesthesia with a cutaneous approach and removal of the tumor without breaking the capsule. Histological examination revealed a pleomorphic adenoma. Currently there has been no recurrence after three years of decline. The pleomorphic adenoma is a benign tumor of the salivary glands, its preferential localization is the parotid gland, rarely in the accessory salivary glands. The labial localization is very rare. It mainly affects young adult males, often asymptomatic, slow-growing, of firm consistency, well circumscribed in most cases and closer to the mucosa in relation to the skin. Our case has the particularity of being subcutaneous, which posed the differential diagnosis with a tumor of cutaneous origin. The positive diagnosis is based on surgical excision with histological examination. The potential for recurrence is very important, the excision must be complete with a margin of safety avoiding the major capsular intrusion factor risk of recurrence, and prolonged surveillance is required for the search for recurrence or malignant transformation.

Keywords: Tumor, pleomorphic, adenoma, lip.

INTRODUCTION

The pleomorphic adenoma is a benign tumor of the salivary glands. It accounts for 45 to 65% of benign salivary gland tumors. It develops most often in the main salivary glands, especially the parotid, but it can also reach the accessory salivary glands, such as those of the palate, or more rarely of the upper lip.

We report a case of pleomorphic adenoma of the upper lip in a young patient.

OBSERVATIONS

A 32-year-old patient, with no notable antecedent, who presented in our formation for a painless swelling of the upper lip, evolving for 6 months and gradually increasing in volume.

The clinical examination showed a subcutaneous nodule of the upper white lip, of firm, painless consistency, mobile with respect to the skin and with respect to the deep plane, closer to the skin with respect to the labial mucosa, of approximately 1 cm in diameter, evoking in the first place a dermoid or epidermoid cyst of the skin (Fig-1).

Surgical excision was performed under local anesthesia with a cutaneous approach, and removal of the tumor was performed without breaking the capsule (Fig-2).

Histological examination revealed a pleomorphic adenoma. Currently, there has been no recurrence after three years of decline.



Fig-1: Front photo showing an upper left labial tumor



Fig-2: operative specimen: excision of a firm tumor well encapsulated.

DISCUSSION

The pleomorphic adenoma is a benign tumor of the salivary glands, with a dual epithelial and mesenchymal component. It develops most often in the main salivary glands, its preferential location is the parotid gland (80% of cases), rarely in the accessory salivary glands (7% of cases) especially in the palate [1, 2], the labial localization is very rare. It represents the most common histological type of benign tumors of accessory salivary glands (70.6 to 100%) [1].

The accessory salivary glands pleomorphic adenoma is mostly affecting the young adult. The age of onset of PA usually varies between 30 and 40 years [3]. The sex ratio is variable according to different studies 1 / 1, 1 [4] and 1 / 3, 2 [5].

In most cases the clinical symptomatology is poor, because these benign tumors are of slow growth and are not discolored until they become bulky. The diagnosis time varies widely from 2 months to 20 years [1].

Clinical symptomatology depends on tumor size and localization [6]. In the oral cavity, painless swelling under normal mucosa [7, 8].

The pleomorphic adenoma of the lips is manifested by a nodule of firm consistency, without being hard, well limited, not adherent to the underlying planes, well circumscribed in most cases and closer to the mucosa compared to the skin later wound. Our case has the particularity to be subcutaneous, closer to the skin compared to the mucosa, which posed the differential diagnosis with a tumor of cutaneous origin [1].

Clinically, the differential diagnosis arises with all benign tumors having a nodular aspect: fibroma; lipoma; myxoma; dermoid and epidermoid cysts; lymphoepithelial cyst; leiomyomas; rhabdomyoma; schwannomas; neuroma; amputation neuroma; Abrikossoff's tumor.

Ultrasound allows to see the solid or liquid nature of the lesion without providing a specific diagnosis.

The appearance on MRI depends on the cellular and myxoid composition of the tumor. It usually leads to the diagnosis of pleomorphic adenoma by showing a tumor often lobulated, well limited, hyposignal T1 and hypersignal T2, raising homogeneously after injection of contrast [9]. But the confirmation of the diagnosis is histological. In our context, MRI is a costly test, it is rarely performed in front of a small tumor of the lip.

Biopsy is proscribed

Intraoperative examination, although very controversial in the Anglo-Saxon countries, retains its place in the management of tumors of the salivary glands. Indeed, with a sensitivity of 74%, a specificity of 99%, a false negative rate of 3.5% and a false positive rate of 0.83%, the extemporaneous examination is a reliable technique to differentiate malignant tumors of the benign when a preoperative diagnosis could not be made. However, the diagnosis of histological subtype is sometimes more hazardous, given the great architectural polymorphism of salivary gland tumors. The extemporaneous examination also keeps its interest for the analysis of operating margins [10].

The treatment is essentially surgical. Indeed, whatever the seat, the excision of the pleomorphic adenoma must in principle be conducted at a distance, enucleation is not the most appropriate surgical procedure at this level.

The incidence of malignant transformation or pleomorphic ex-adenoma carcinoma is rare. It occurs in less than 7% of pleomorphic adenoma on accessory salivary glands, sitting mainly in the palate [11].

We speak of pleomorphic metastatic adenoma in front of a pleomorphic adenoma with a completely benign histological aspect but which is accompanied by a locoregional or distant dissemination. This dissemination appears to be secondary to multiple recurrences and / or repeated surgical procedures that allow the tumor to access the venous vascular network [12].

The pleomorphic ex-adenoma carcinoma is a carcinoma occurring on a pre-existing pleomorphic adenoma. This is a difficult diagnosis, especially during an extemporaneous examination, because the malignant component can be very minimal. This problem, which is inherent in sampling, has to be used for a large number of samples for the final histological examination, so as not to disregard a transformed home. The differential diagnosis with a cellular pleomorphic adenoma can be difficult when the pleomorphic ex-adenoma carcinoma is very well differentiated. While the immunohistochemical study has no interest in pleomorphic adenomas, its use in pleomorphic ex-adenoma carcinomas may be justified, particularly for

determining the proliferation index of the malignant component [1].

The potential for significant recurrence is mainly related to incomplete resection. The literature reports a frequency of 2.4 to 10% [13].

Exeresis must be complete with a safety margin, avoiding major capsular intrusion as a risk factor for recurrence, and prolonged monitoring is required for recurrence or malignant transformation.

CONCLUSION

The pleomorphic adenoma is a rare tumor of accessory salivary glands. This case of pleomorphic adenoma of the upper lip emphasizes the differential diagnosis of this tumor with other benign tumors of the lip, and especially the interest of a bulk excision without capsular break-in to reduce the risk of recurrence

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